

INSIGHT

THE WORLD ASSOCIATION FOR DISASTER AND EMERGENCY MEDICINE



ASSOCIATION MONDIALE POUR LA MEDICINE D'URGENCE ET DE CATASTROPHE

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PRESIDENT'S LETTER

Dear Colleagues:

This letter brings you my very best wishes for 2003 and my hope that we will meet at our 13th World Congress this year in Melbourne, Australia. Another year and the traditional time to review the past and look forward, while making our new year resolutions.

Most of us know what we want our organization to be. The questions are only "How shall we get there?" and "What can I, as an individual, do to help WADEM achieve its goals?" There is no doubt that WADEM, through its publication *Prehospital and Disaster Medicine*, has contributed significantly to the knowledge base of disasters. Searching for references when working on the *Utstein Guidelines and Templates* regularly brought us to the home page of *PDM*.

Disasters continue to increase in number and scope, and it seems evident that human influence actually fosters disasters, both directly (war and terrorist acts) and indirectly, by creating hazards and increasing vulnerability to natural hazards. The underlying mechanisms causing these developments seem to be recognized by many people, but, unfortunately, not necessarily by people positioned to deal with the core problems.

Further, listening to presentations at different conferences and congresses around the world, it is interesting to note the number of speakers who are concerned with where Disaster Medicine is at the moment and where it should be going. Key words emerge, some more frequently than others, but all pointing to important issues and problems that need to be dealt with if we want to change disaster research from anecdotal undertakings to reproducible, evidence-based science. Such keywords include "incongruency", "disequilibrium", "gap", "discrepancy", "inequity", and "inequality". There is:

1. Incongruency between knowledge and

disaster insight on the one side, and resources, political power and mandate on the other;

2. Disequilibrium between the need for disaster research data to reveal true cause-effect relationships and rejection of hitherto unsubstantiated myths on disasters, and the resources allocated towards such research;
3. A gap (the 10-90 gap) wherein 90% of all resources allocated to research benefits a mere 10% of the global population;
4. Discrepancy between what people expect and the assistance provided. People today have more insight into what can be done, both to prevent and to manage disasters. Such knowledge creates expectations and expectations create demands—some justified, some not;
5. Inequity both within nations and between nations, which demonstrates the close connection between disasters and poverty. Only wealthy nations seem to be able to afford earthquake-safe urban houses, etc. Sooner or later, such discrepancies and gaps create feelings of injustice by the suffering population; a feeling that, in turn, is a strong driver for creating the worst type of disasters, those that are man-made. Consequently, fighting poverty, fighting the main mechanisms leading to disasters, and fighting the underlying causes of terrorism all may be part of the same fight.

To meet the above challenges requires competence and capacity building. We must collect data and convert collected data into knowledge. This goes for research and evaluation alike. If conducted according to endorsed standards, the knowledge obtained will be reproducible and will have external validity.

We must convince authorities that funding to help societies cope with disasters will be less successful without concomitant funding of disaster research. And this

PRESIDENT'S LETTER CONTINUES . . .

research must encompass all functions of society, as disasters truly are interdisciplinary. Furthermore, our research must be culturally sensitive, and we must be open-minded, accepting the new methodologies needed to find the answers to the questions posed.

I will reiterate the statements I made in my inaugural address in Lyon: (1) We need to strengthen our academic, neutral and unbiased platform as a non-operational organization. (2) We all must promote the soon-to-be published Utstein Guidelines and Templates as a contribution to the standardization of Disaster Science. The Task Force for Quality Control of Disaster Management produced these guidelines and charged WADEM and PDM to be the vehicles for dissemination and implementation. This gives WADEM opportunities and challenges, but also obligations. The Utstein Guidelines and Templates place

WADEM into a position it never has had. Although WADEM has always been a global marketplace in which the science of disaster has been shared with colleagues, we now must strengthen our influence on disaster research through promotion of this new standard. All WADEM members will have to be in the forefront of this process. In return, I would appreciate members scrutinizing the Guidelines and providing feedback. The Utstein Guidelines are not cast in concrete; they comprise a living document and it is a prime task of WADEM members, through the Task Force on Quality Control of Disaster Management, to keep the Guidelines alive, disseminate them, provide feedback, and improve them. Such actions will benefit you, will certainly benefit WADEM, and, consequently will benefit those we have chosen to serve — the global population.

See you all in Melbourne! Bring a colleague.

Knut Ole Sundnes
President of WADEM



Knut Ole Sundnes and Frank Archer planning the next World Congress in Australia

WADEM NEWS

MISSION STATEMENT

The World Association for Disaster and Emergency Medicine is an international, humanitarian association dedicated to the improvement of disaster and emergency medicine. Fostering international collaboration, the organization is inclusive, culturally sensitive, unbiased, ethical and dynamic in its approach. While individual members are active in field operations, the organization remains non-operational, fulfilling its mission through:

1. Facilitation of academic and research-based education and training;
2. Interpretation and exchange of information through its global network of members and publications;
3. Development and maintenance of evidence-based standards of emergency and disaster health care and provision of leadership concerning their integration into practice;
4. Coordination of data collection and provision of direction in the development of standardized disaster assessment, research and evaluation methodologies;
5. Encouraging publication and presentation of evidence-based research findings in scientific publications and international conferences and congresses.

*Revised, General Assembly, Lyon, France
12 May 2001*

STATEMENT OF PURPOSE

Underscoring a commitment to advance the frontier of disaster and emergency research, The World Association for Disaster and Emergency Medicine (WADEM) was created, originally as the Club of Mainz in 1976, to focus its members' expertise on the scientific investigation and improvement of disaster and emergency response. Our membership is open to physicians, nurses, administrators, behavioral scientists, emergency medical technicians and paramedics, public health, and other relevant experts in the field from all continents and cultures. Ultimately, the organization exists to foster international collaboration in the application of knowledge gained from data collected through qualitative and quantitative research to the development of strategies aimed at promoting all aspects of human health, decreasing susceptibility, and increasing resilience to future health disasters and emergencies. To this end, WADEM publishes its own international, peer-reviewed journal, Prehospital and Disaster Medicine, sponsors biennial World Congresses, and supports regional conferences of its affiliated member societies.

*Revised, General Assembly, Lyon, France
12 May 2001*

WADEM BOARD MEMBERS

The officers for 2001-2003 are:

President:

Knut Ole Sundnes, Norway

President Elect:

Muneo Ohta, Japan

Immediate Past-President:

Stephen Rottman, USA

Journal Editor, PDM

Marvin Birnbaum, USA

Secretary

Demetrios Pyrros, Greece

Treasurer:

Judith Fisher, UK

VP of Member Services:

Joanne McGlown, USA

The Board Members for 2001-2003 are:

Jean-Marie Fonrouge (France)

Omar J. Khatib (Tanzania)

Edita Stok (Slovenia)

Andrew Marsden (Scotland)

Per Kulling (Sweden)

Eric Noji (USA)

Felipe Cruz Vega (Mexico)

Wolfgang Dick (Germany)

Andrew Bacon (Australia)

Joost Bierens (The Netherlands)

Frederick Burkle (USA)

Mauricio Lynn (USA)

Per Ortenwall (Sweden)

Mohamed Saidi (France)

Carlos Santiago (Puerto Rico)

Yasuhiro Yamamoto (Japan)

H. Zhong (China)

Petr Zelnicek (Czech Republic)

WADEM NEWS

WADEM COMMITTEES AND TASK FORCES

The tasks assigned to the WADEM by the 5th Asia-Pacific Conference on Disaster Medicine include (but not limited to):

1. Development of White Papers on disaster: (a) Management; (b) Health and Public Health in Disasters; (c) Education and training; (d) Research; (e) Psychosocial aspects; and (f) Plans;
2. Establishment of Task Forces on terrorism, landmines, and emerging infections;
3. Development of standardized evaluation tools (underway);
4. Develop and make available a disaster medicine resource list (underway on PDM web page);
5. Evolve a standardized template for the assessment of medical needs;
6. Development of a standardized curriculum for Disaster Medicine/Management;
7. Create an information and data clearing house (underway); and
8. Provide courses on applied disaster research.

The World Health Organization (WHO) suggested that WADEM provide:

1. Consultation to WHO as needed;
2. Facilitate access to educational programs;
3. Link relevant websites (underway);
4. Produce a Glossary of Terminology (completed as part of the Guidelines);
5. Standardize Disaster Medicine/Management curricula;
6. Coordinate training activities;
7. Develop an inventory of functional and severity indicators; and
8. Assist with the development of a standardized set of applied tools for data collection in the field.

In addition, in a recent review of Research in Disaster Medicine, the Active Learning Network for Accountability and Performance in Humanitarian Assistance (ALNAP) (an inter-agency forum working to improve learning and accountability in the international humanitarian system) suggested the following:

1. Strong consideration should be given to following and supporting the Utsteinian Templates model in developing the discourse around disaster medicine research as the current best possibility for generating a unified language and common data sets for the field;
2. An Internet based Delphi study on the priority topics for Disaster Medicine research, along the lines of that sponsored by the Association of American Medical Colleges on the future of medical practice and medical education, should be considered as a way of generating systematic data on research priorities. This study should be undertaken in conjunction with the World Association for Disaster and Emergency Medicine

(WADEM) and other associated groups.

ALNAP also provided several recommendations relative to the organization of Disaster Medicine Research that included:

1. Consideration should be given to the development of a Cochrane collaboration like structure for advancing the aggregation of research into disaster medicine; and
2. Consideration should be given to establishing a permanent or semi-permanent secretariat along the lines of the KAMEDO Project to stimulate, initiate, coordinate and communicate on activities in disaster medicine research in Australia and internationally.

At the 12th World Congress in Lyon, the range of Task Forces and Committees was expanded. The participating members will be ratified and convened at WCDEM-13 in Melbourne.

Task Forces

In order to accomplish this multitude of tasks and charges, the WADEM has formed the following Task Forces:

1. Nuclear, Biological, and Chemical Hazards
2. Terrorism
3. Psychosocial
4. Planning
5. Public Health
6. Refugees/Internally Displaced Persons
7. Transportation
8. Civilian-Military Collaboration
9. Coordination and Control
10. Infectious Diseases and Epidemics
11. Landmines

Positions are available on each of these Task Forces. If you are interested in working on any one of these, please express your interest by sending an e-mail to President Sundnes.

Committees

In addition, the WADEM also has expanded its Committees to include:

1. Executive (WADEM officers only)
2. Pediatrics
3. Education
4. Membership
5. Research
6. Program
7. Extramural Resources
8. Publications

Positions are available on each of these Committees. If you are interested in working on any one of these, please express your interest by sending an e-mail to President Sundnes. You need not be an expert, just an enthusiast. To register your interest, even if you cannot attend the WCDEM 13, send an E-mail to President Knut Ole Sundnes: Knut.Sundnes@SANR.mil.no.

We welcome you in advance to help accomplish the charges outlined above. The charges are important and the input you will bring will contribute greatly to the advancement of Disaster and Emergency Medicine and Management.

WADEM'S AFFILIATE SOCIETIES

In 1997, WADEM expanded its membership structure to better serve International members through the creation and development of Affiliated Societies. The following organizations currently are affiliated with WADEM:

- Asociacion Panamericana de Medicina de Emergencia Y Desastre (The Pan American Association for Disaster and Emergency Medicine – PADEM)
- Association des Medecins Liberaux Sapeurs Ponpiers (AMELISAP)
- Nordic Society for Disaster Medicine
- Save Accident Victims Association of Nigeria (SAVAN)
- The Society of Emergency Medicine – Singapore
- Japanese Medical Team for Disaster Relief
- Mediterranean Burns Club

Advantages of affiliation include a 25% reduction in the cost of all WADEM activities and publications for the members of affiliated society. If you belong to an organization that could benefit by becoming an Affiliated Society of WADEM, please contact the home office for further details.

wadem@medicine.wisc.edu

GUIDELINES AND TEMPLATES

For years, we have talked about the Utstein Template (*Health Disaster Management: Guidelines for Evaluation and Research in the Utstein Style*). A draft of these Guidelines has been available on the WADEM web site for a few years. But, the "final" document never has emerged. This is about to change.

We came to realize that the first part, the elaboration and philosophical dissection of disasters as a phenomenon, had to be distributed to the members and to the rest of the disaster community. Although the complete document is not yet ready for publication, the Conceptual Framework has gone to the printer. You all will have it in hand before you go to the 13th World Congress in Melbourne. Also, it is important to know that this Conceptual Framework will serve as the logical and philosophical basis upon which practical standards will be based. Therefore, you also are invited to download the drafts of the last chapters from the web-site of WADEM (<http://www.wadem.medicine.wisc.edu>), and apply the Guidelines to your future research. Although there will be additional editing, it will not invalidate the structure and reporting of your research, since it will be based on the Conceptual Framework you soon will receive.

Also, we are proud to inform you that the Director-General of the World Health Organization, Madam Gro Harlem Brundtland, has kindly agreed to author the Foreword. This is a significant recognition and should encourage you to apply the Guidelines and Templates for your future research.

Knut Ole Sundnes
Chairman
TFQCDM

MICHAEL MOLES MEMORIAL FELLOWSHIP

Michael Moles was a founding member of WADEM. He had a vision of WADEM as the primary unifying force for all of Disaster and Emergency Medicine worldwide. Following his untimely death in 2001, WADEM established the Michael Moles Fellowship in his memory. This Fellowship seeks to provide the benefits of membership in the WADEM to scientists who do not have the resources to join WADEM and who are willing to present their research at WADEM Congresses. Its goal is to assist the development of the science of Disaster Medicine. The Fellowship is funded by donations from WADEM members.

Designated Fellows will receive full benefits of WADEM membership for two years, including a subscription to Prehospital and Disaster Medicine, membership certificate, membership directory, and discounted registration at all the WADEM Congresses.

Criteria for Application

The applicant must be an active contributor in the fields of disaster preparedness, management, evaluation, and/or education, and must agree to present his/her work at the World Congress at the end of the tenure period

The first Fellowships will be awarded at the General Assembly of the 13th World Congress for Disaster and Emergency Medicine in Melbourne, AUSTRALIA on 10 May 2003.

An Applicant must submit a copy of his/her Curriculum Vitae and a statement as to why he/she would be a worthy recipient. Full details for application are on the WADEM website (<http://wadem.medicine.wisc.edu>). Applications must reach the treasurer by 01 April 2003.

Applications for the fellowship should be directed to:

Judith Fisher at drjmfisher@msn.com or via post at:

The Fox Thatch

The Street

Sherering Village, BISHOP'S STORTFORD

United Kingdom

Contributions to the Michael Moles Fellowship Fund may be made by submitting a check or credit card authorization to WADEM of the amount donated.

COMMITTEE REPORTS

TREASURER'S REPORT

The Association has been managing with few resources. Hence, the Association has been unable to support an administrative staff and apologizes for some delays in dealing with correspondence. We are indebted to the Department of Medicine of the University of Wisconsin for its generosity, tolerance, and support for the WADEM and PDM office space, while rolling over our debts.

I encourage each of you to seek new members and potential donors. The Association will have a great future if each of you contributes your time and talents to our task forces, congresses, and research projects.

PDM has been fortunate to have two interns from the University of Wisconsin-Madison's School of Journalism helping behind the scenes. They are Laura Prijic, (right) and Kirta L. Hartwig (left). Learning all aspects of the administrative process for WADEM, and the details of the functions behind the production of Prehospital and Disaster Medicine are their educational goals. They will be with us until May 2003.

Judith Fisher, *Treasurer*



EDUCATION COMMITTEE REPORT

The Chair of the Education Committee, on behalf of the WADEM Board, is undertaking a survey of existing university courses in Disaster Medicine. Please contact Dr. Joost Bierens (jbierens@euronet.nl) with details of any courses in your institution or country. Please supply as many details from the following list as possible:

1. Name and full address of contact person
2. University, school and department where the course in Disaster Medicine is offered
3. Name of the director of the university or school, complete with address
4. Name of the course director, with address
5. Name of the course in Disaster Medicine
6. Type of course (free choice, elective, compulsory)
7. Teaching methods (lecture, workshops, distance teaching by internet, etc.)
8. Medical and other specialties involved in teaching
9. Examination procedures (oral, multiple-choice, work, essay, short answer, none)
10. Duration of course (hours per course, number of days, weeks, months, years)
11. Number of students annually (per year since beginning of course)
12. Annual total budget, sponsoring organization(s)
13. Course fee
14. Prerequisite level of knowledge
15. List all curriculum subjects and time table

Thank you for your cooperation.

Joost Bierens

Leonid Roshal

Russian President Vladimir Putin has signed a decree on rewarding Iosif Kobzon, a famous singer, and Leonid Roshal, children's surgeon, with Orders of Courage. Iosif Kobzon and Leonid Roshal showed courage and selflessness when saving people under conditions connected with life risk.

Dr. Roshal was directly involved in the negotiations with the guerrillas that took over the Moscow Opera House. Dr. Leonid M. Roshal, director of a Moscow hospital, had watched the drama unfold on television. He went to the theater, and the guerrillas allowed him to come inside. Once inside he treated the wounded and attempted to secure release of children and others.

In the next issue of Insight, Dr. Roshal will share his thoughts about hostage situations.

REPORTS FROM MEMBERS

Floods in the Czech Republic - August 2002

After incessant rains began in August 2002 in the Czech Republic, the Vltava and Labe rivers and their tributaries overflowed the banks and flooded the surrounding areas. Flooding of this severity has been encountered rarely in the Czech Republic.

According to official reports from the Czech Parliament, 43 Districts were struck: there were 99 villages, with a total of 263,000 inhabitants, that were flooded completely; and 347 cities (including parts of Prague) and villages with a total of 1,333,000 inhabitants that were partially inundated. Overall, about one-third of the area and a total of 15.6% of the people in the Czech Republic were affected by these floods. About 200,000 people were evacuated safely, and there were 16 deaths attributed to the floods. Responses were well-coordinated by the Integrated Rescue System (Emergency Medical Services [EMS], the police, and the firemen). Implementation of the "Crisis Laws" that have been in force in the Czech Republic since 2000 facilitated the coordination of the rescue and relief activities.

Material and financial assistance, and rescue teams of firemen and other specialists were sent to the Czech Republic from 20 countries including 27,000 rescue workers: 3,800 professional and 11,500 voluntary firemen,

4,800 policemen, as well as 7,050 soldiers of the Czech Army.

Medical problems were managed successfully. The number of victims was relatively low with regard to the severity of the floods. Despite problems, Emergency Medical Services provided the necessary services for inhabitants affected by the floods. The EMS assisted in the urgent evacuation of some hospitals and homes for handicapped people. Some health-care facilities were forced to solve problems created by the lack of electrical power, adequate supplies of drinking water, and other essential goods. Due to the early implementation of prophylactic measures by the public health authorities, no epidemic occurred after the floods. During the weeks immediately following the floods, 15 people with leptospirosis were treated (without fatalities). To prevent an epidemic of hepatitis A, chosen segments of the population were vaccinated including children from 3–5 years of age in the flooded regions (obligatory vaccination), as well as rescue workers and inhabitants from the most afflicted villages.

This report was prepared from sources of the Information Centre for Disaster Medicine of the Czech Ministry of Health, Traumatological Hospital Brno (Contact: v.neklapilova@unbr.cz)

Defibrillators in Public Places

Automatic External Defibrillators (AEDs) have proven benefit in trying to stem the death rates from sudden cardiac arrest. On average, the trained staff, or member of the public in proximity, reaches the patient a good four minutes before the emergency teams arrive. Defibrillators are appearing in several international airports, and the Resuscitation Council (UK) proposes to the International Liaison Committee on Resuscitation (ILCOR) to establish an internationally recognised sign marking the availability of AEDs in such settings. To date, I have seen signs with a green background and a white cross with the wording "Defibrillator" underneath, red signs only with the words

"Defibrillator", and others containing logos with the symbol of a lightning strike through the middle of the sign. A single, universally accepted logo, preferably without the wording, would be ideal.

I ask that WADEM members who already have Public Access Defibrillation programs in place, please send me either the description or a picture of the sign used in their locality. Alternatively, all ideas will be welcome. The proposal will go to ILCOR in April, but first must go through the Resuscitation Council (UK) and also (preferable, but not essential) the European Resuscitation Council.

Please contact me by Email: drjmfisher@msn.com or through the WADEM office.

I can offer no prizes, but will happily buy a drink at WCEDM 2003 in Melbourne for all who submit their ideas or images.

Dr. Judith M. Fisher

REPORTS FROM MEMBERS

01 December 2002

Dear All,

In February 2002, I accepted a very flattering offer from the Chief Medical Officer (CMO) of the Organizing Committee for the Olympic Games—ATHENS 2004, and accepted the position of Venues Complex Medical Manager. What this somewhat confusing title means is that I am one of the four doctors directly under the CMO who will be responsible for organizing, setting-up, and supervising the overall medical programme of the ATHENS 2004 Olympic and Paralympic Games. In fact, during the Games, I will be the Olympic Village Polyclinic Manager, but during planning time, we all get involved in the different tasks that must be completed.

One of the first things I became involved with was the Operational Planning for the different competition and non-competition venues for the Olympic and Paralympic Games. This was a very difficult, time-consuming, and detailed exercise in which we had to define the number of first-aid posts, medical stations, and personnel that will be utilized for each venue. The Olympic Games are very different from any other athletic event, and planning for the medical coverage presents some very unique problems. For example, medical personnel must face constraints due to security that must be provided within a venue. Traditionally, medical personnel are used to "roving all over" a stadium with nobody stopping them when they flash the "Medical Service" accreditation. In the Olympic Games, the so-called "Back of House" or athletes area practically is isolated from the "Front of House" or spectators area. Different medical facilities must be included in

planning for these two distinct areas, and allocating space in the different venues is a challenging exercise.

Recently, we have changed our focus, and now are concentrating in the different test events that take place during the year prior to opening of the Olympic Games. These test events are conducted at the level of World Championships. During August 2003, the first 11 test events will take place simultaneously, and before the opening of the Games, a total of 35 test events will take place in Athens. These test events provide a chance to see all the planning that was done on paper, in real action. They provide the final chances to modify and adapt the plans in order to be ready for the Games.

These are not all of the tasks in which one is involved. During the same time, the construction of the Polyclinic in the Olympic Village presents its own problems that must be solved. The Polyclinic is a medical unit of an area of approximately 5,000 m² that will be the medical facility for the athletes and the other members of the National Olympic Teams that will be residing in the Olympic Village. Approximately 140 health professional volunteers will be working in the Polyclinic each day. Emphasis will be given to the diagnosis and treatment of musculoskeletal trauma using imaging (including MRI, CT, and Ultrasound), but also a wide range of other specialties will be available. Well, I could keep on writing about this very unique job, but I think that by now you have a first taste of what it takes to be involved in such a project. See you all in Melbourne and of course in Athens during August 2004!

Best regards,

Demetrios G. Pyrros, MD
Secretary, WADEM

REPORTS FROM MEMBERS

TAKING YOUR SEAT



In the ancient ceremony of "Taking your Seat" at the Royal College of Surgeons of Edinburgh on 13 December 2002, two WADEM Board members were given honorary fellowships for their services to Pre-Hospital Care. Mr. Andrew Marsden, Consultant Medical Director to the Scottish Ambulance Service (and Chairman of the Organising Committee for the 14th World Congress on Disaster and Emergency Medicine (WCDEM 2005) and Dr. Judith Fisher, WADEM Treasurer. The College will be celebrating the 500th year of its foundation — the oldest medical college extant. The College is co-sponsoring the 2005 WCDEM Congress. Delegates will learn of the College history and have an opportunity to visit the renowned College Museum.

Pictured: Dr Judith Fisher, signing the Fellows Register.

DISCUSSION PAPER

Discussion papers are provided to raise issues important to the future of Disaster and Emergency Medicine. The opinions expressed by individual members are strictly those of the individual member, are meant to stimulate discussion and ARE NOT intended to present the consensus of the membership of the WADEM. This discussion paper was produced by Petr Zelnicek, (Traumatological Hospital Brno, Czech Republic, Contact: p.zelnicek@unbr.cz) a member of the WADEM Board.

Your views and comments will be welcomed by WADEM.

Should WADEM have an ethical code for members to consider and adapt?

Bioethical Codex of Disaster Medicine. . . . ***Theses*** (for discussion)

- An ethical approach to Disaster Medicine must be defined.
- A disaster should not be considered as a blow of fate.
- During a disaster, it is impossible to recognize all of the patient's rights usually observed in everyday medical care:
- Treatment must be directed towards the greatest effect for the most people rather than at the individual patient (Do as much as possible, for as many as possible, as quickly as possible!)
- Free choice of a treating physician is not possible
- Usual standards of the health care cannot be expected
- It may not be possible to preserve the confidence of personal data and diagnoses even in relation to mass media

- By definition, during a disaster, there exists a disproportion between needs and available resources
- There exists a basic duty to treat until all available resources are exhausted
- Patients assigned to Triage Group 4 require repeated triage
- Priorities are not related to age, philosophy, or for very important persons (VIPs)

Rescue staff is a risk because:

- Of dangers at the disaster site (injury, poisoning, infection)
- They remain with patients even in case of a threat (e.g., bombing threat in a hospital)
- They provide medical care for terrorists surviving an attack
- There are important psychosocial impacts

- Difficult to follow usual health-care rules in a disaster situation:
- Questions of help to save patient's life, when knowledge and equipment are available, but valid rules do not permit it

Questions about humanitarian help activities

- Not charity
- Reciprocity of licensing professionals
- Waiting for political decisions
- Appropriateness of aid and assistance (e.g., sending expired or non-licensed drugs, unusable materials, and/or insufficiently equipped teams)
- Financial resources
- Different customs, race, religion or political view of rescuers and victims
- Problem of refugees

IN MEMORIAM

A Man to Remember

From time to time, you meet people who really make a difference. Without telling you anything, they just radiate special qualities. They command your attention. Whenever they are challenged, they prove your first impression was right.

To me, Professor Toshifumi Otsuka was such a man. Unfortunately, he left us, in December 2001. And a year has passed since I was given the privilege of honouring his memory at his altar in his home in Tokyo.

It feels like I knew him forever. But, I only had known him since 1997, when I was fortunate to be invited as a representative of Dr. Gunn (President of WADEM) to the Kobe Summit, for the reopening of the Kobe harbour. Never could I have anticipated that this was the start of a strong friendship that was to end much too early.

I do not know Professor Otsuka's Curriculum Vitae; but, I do not need to. He radiated competence. Being the President of Nippon Medical School Foundation, one of the medical summits on earth, constitutes a recommendation all by itself. What other summits he might have reached only can be imagined. But honestly, I believe that he would probably have chosen the same pathway. He was a surgeon by heart with a strong interest in emergency medical problems. He always was open to new solutions. He acquired an interest in the Norwegian Air Ambulance system. When Professor Mashiko later started to work for a similar Japanese system, the support from Professor

Otsuka facilitated an implementation that in most other countries, would have taken several years.

Dr. Otsuka had knowledge and power, but from what I could observe, he used his power decently. However, I am convinced, he also used it firmly. A man of his calibre surely expected results from his staff, in the good tradition of all Nippon Medical Schools and Universities.

Even as short as our friendship was, I have such fond memories. Enjoying his hospitality at his home together with Mrs. Otsuko and their daughter, both my wife and I consider one of the highlights of our lives. Another highlight, was his visit to Norway, when we, assisted by Mr. Jan Karlsen, President of Normeca, criss-crossed southern Norway and finally ended in the old library at the Utstein Abbey, Norway's oldest Monestary. It is in this Library, where we made our first breakthrough in the development of the Utstein Template for Disaster research. Other highlights include watching him peeling shrimps as if he had never done anything else during his entire life, proudly stating "But, I am a surgeon." When sitting together on our terrace watching the birds, the trees, and the rain falling down, I felt a sense of happiness and pride when he raised his glass of beer and stated, " I am home."

Now, Professor Otsuka has gone home to his forefathers. I still miss him, but I feel fortunate to have learned to know him, and I feel equally sorry for those who never had the chance. He was a real doctor and a real humanitarian.

Knut Ole Sundnes
President, WADEM

FUTURE EVENTS

2003 13th World Congress on Disaster and
Emergency Medicine
6-10 May

Melbourne, Australia

<http://www.wcdem2003.monash.org>

2003 First World Forum: "Children in Complex
Emergencies"

14-17 October

Moscow, Russia

2003 3rd Pan-American Congress on Disaster and
Emergency Medicine

Quito, Ecuador

2003 1st NATO Medical Symposium

Incorporating 7th NATO Blood Conference

1-5 September

Ljubljana, Slovenia

2005 14th World Congress on Disaster and
Emergency Medicine

Edinburgh, Scotland

<http://www.wcdem2005.org>

2007 15th World Congress on Disaster and
Emergency Medicine

Amsterdam, The Netherlands

UPDATE OF THE WADEM MEMBERSHIP DIRECTORY!

Our last Membership Directory was published in 2000, under the gracious service of Dr. Wolfgang Dick, a founding member of WADEM. Many changes have occurred since that time, and the organization will publish an updated Directory to enhance member's ability to network and communicate with each other more efficiently and effectively.

To this purpose, we ask each member to provide your credentials, in the format you wish them to be published to the Vice President of Member Services at you earliest convenience. Please provide:

Name:

Title:

Employment or Organization:

Mailing address:

Telephone (at work or home):

Fax number:

E-mail Address:

Responses may be e-mailed to Joanne McGlown at: jmccglown@bellsouth.net or via postal service to: 295 Parkway, Montevallo, AL 35115 USA. If you move or change positions, please keep us informed so we can update our database appropriately. We appreciate your assistance with this important member communication tool.

**World Association for Disaster and Emergency Medicine
Membership Application Form**

Please print this form, fill it out completely, and fax or mail to:

WADEM
P.O. Box 55158
Madison, WI 53705-8958
USA

Telephone: (01) 608-263-2069

FAX: (01) 608-265-3037

Individual Membership – based on Income level:

MEMBERSHIP FEES

(\$USD) \$120.00

(\$USD) \$100.00

(\$USD) \$ 80.00

ANNUAL INCOME

(\$USD) > \$40,000

(\$USD) \$10,000 to \$40,000

(\$USD) < \$10,000

_____ Check here if entitled to the 25% discount as a member of recognized affiliated organizations
Provide the name of the Organization through which you are granted Affiliated membership:

_____ Payment Enclosed

_____ Bill Me

_____ Visa

_____ MasterCard

Card # _____ Exp. Date _____

Signature _____

PLEASE PRINT:

Name _____

Title _____

Address _____

City _____ State _____ Zip _____ COUNTRY _____

Telephone # _____ E-mail Address _____

Please do NOT attempt to e-mail this form. Thank you.
We look forward to welcoming you as a member of WADEM!

You are invited to join experts from around the world as we redefine the future of disaster and emergency medicine.

It is only by listening and learning from each other that we can improve our response to global disasters. This premier world forum will bring together practitioners, researchers, educators and administrators involved in disaster and emergency medicine from over 70 countries to examine the need for a more collaborative approach to the complex issues surrounding disasters and humanitarian emergencies. The stimulating program will help guide global emergency policy for the next 20 years - 'Vision 2020'. Supported by a trade exhibition and specialised workshops, this 13th World Congress is one not to miss.

Register online now www.wcdem2003.com

13th World
Congress on
Disaster+Emergency
Medicine

Melbourne Australia 6 - 10 May 2003

THE WORLD ASSOCIATION FOR DISASTER AND EMERGENCY MEDICINE

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UNITED STATES OF AMERICA